

ATTACHMENT 5

Examples of requests for prior authorization for home health services

Examples of new requests for prior authorization before and after the implementation of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) are illustrated below.

For example, if both of the following are true:		Then use the following:	
Date of receipt	Requested start date	Prior authorization (PA) forms and instructions	Codes
9/1/03	9/30/03	Pre-HIPAA PA forms and instructions	<ul style="list-style-type: none"> Pre-HIPAA nonmedical codes. Pre-HIPAA medical codes.
9/30/03	10/14/03	Pre-HIPAA PA forms and instructions	<ul style="list-style-type: none"> Pre-HIPAA nonmedical codes. Pre-HIPAA medical codes.
10/14/03	11/1/03	Revised PA forms and instructions	<ul style="list-style-type: none"> National nonmedical codes. National medical codes.

For the following examples, the home health service to be received is a home health nursing subsequent visit.

For example, if both of the following are true:		Then use the following:				
Date of receipt	Requested start date	PA forms and instructions	Procedure code	Modifier(s)	Place of service code	Type of service code
9/1/03	9/30/03	Pre-HIPAA PA forms and instructions	W9940	None	4	1
9/30/03	10/14/03	Pre-HIPAA PA forms and instructions	W9940	None	4	1
10/14/03	11/1/03	Revised PA forms and instructions	99600	TS	12	None

For the following examples, the home health service to be received is a physical therapy visit.

For example, if both of the following are true:		Then use the following:			
Date of receipt	Requested start date	PA forms and instructions	Procedure code	Place of service code	Type of service code
9/1/03	9/30/03	Pre-HIPAA PA forms and instructions	W9919	4	1
9/30/03	10/14/03	Pre-HIPAA PA forms and instructions	W9919	4	1
10/14/03	11/1/03	Revised PA forms and instructions	97799	12	None

For the following examples, the home health service to be received is a home visit for mechanical ventilation care, provided by a registered nurse in the home.

For example, if both of the following are true:		Then use the following:				
Date of receipt	Requested start date	PA forms and instructions	Procedure code	Modifier(s)	Place of service code	Type of service code
9/1/03	9/30/03	Pre-HIPAA PA forms and instructions	W9042	None	4	1
9/30/03	10/14/03	Pre-HIPAA PA forms and instructions	W9042	None	4	1
10/14/03	11/1/03	Revised PA forms and instructions	99504	TD	12	None

For the following examples, the home health service to be received is nursing care provided in the home by a licensed practical nurse in the home.

For example, if both of the following are true:		Then use the following:			
Date of receipt	Requested start date	PA forms and instructions	Procedure code	Place of service code	Type of service code
9/1/03	9/30/03	Pre-HIPAA PA forms and instructions	W9045	4	1
9/30/03	10/14/03	Pre-HIPAA PA forms and instructions	W9045	4	1
10/14/03	11/1/03	Revised PA forms and instructions	S9124	12	None